

Senate Resolution 9 - Introduced

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S.R. _____ H.R. _____

1 1 SENATE RESOLUTION NO. ____
1 2 BY HATCH, BOLKCOM, OLIVE, HANCOCK, SENG,
1 3 WILHELM, HORN, WARNSTADT, DVORSKY, HECKROTH,
1 4 DOTZLER, DANIELSON, SODDERS, RIELLY, SCHOENJAHN,
1 5 KREIMAN, RAGAN, SCHMITZ, STEWART, BEALL,
1 6 BLACK, KIBBIE, GRONSTAL, COURTNEY, APPEL,
1 7 FRAISE, DEARDEN, DANDEKAR, QUIRMBACH,
1 8 JOCHUM, McCOY, and HOGG
1 9 A Resolution encouraging a federal state collaboration
1 10 to achieve quality, affordable health care for all.
1 11 WHEREAS, the United States is facing a worsening
1 12 health care crisis of ever-higher costs, inconsistent
1 13 quality, and lack of access to necessary coverage and
1 14 medical care for tens of millions of uninsured and
1 15 underinsured residents; and
1 16 WHEREAS, reforming the United States' health care
1 17 system to achieve a high-performing, affordable, and
1 18 quality system covering all residents is central to a
1 19 sustainable economic recovery and the health and
1 20 financial security of all residents, businesses, and
1 21 governments; and
1 22 WHEREAS, reform of the United States' health care
1 23 system is a paramount and immediate priority for
1 24 President-elect Barack Obama, his administration, and
1 25 the 111th Congress; and
1 26 WHEREAS, each state has unique economic, social,
1 27 geographic, and demographic factors that must be
1 28 accommodated to reach quality and affordable health
1 29 care for all; and
1 30 WHEREAS, states play a vital role in health care
2 1 for tens of millions of Americans by administering and
2 2 funding public programs such as Medicaid and the State
2 3 Children's Health Insurance Program (SCHIP) that
2 4 improve access to quality and affordable health care;
2 5 and
2 6 WHEREAS, states can help improve health care for
2 7 all residents of the United States by using public
2 8 programs and regulatory power to influence, guide, and
2 9 direct the broader health care system toward improved
2 10 and less costly care; and
2 11 WHEREAS, the federal government looks to states for
2 12 guidance in improving health care, and federal health
2 13 care reform is informed by state initiatives; and
2 14 WHEREAS, since the current health care system is
2 15 unsustainable and the cost of doing nothing would be
2 16 far greater than the cost of health care reform; and
2 17 WHEREAS, all states and the federal government
2 18 share a common mission to protect and provide for the
2 19 general welfare of all the people of the United
2 20 States; NOW THEREFORE,
2 21 BE IT RESOLVED BY THE SENATE, That the Iowa Senate
2 22 urges both state governments and the federal
2 23 government to collaborate with one another to reach
2 24 the goal of providing quality and affordable health
2 25 care to all Americans; and
2 26 BE IT FURTHER RESOLVED, That each state exercise
2 27 its inherent responsibility to assist in providing
2 28 access to quality health care; and
2 29 BE IT FURTHER RESOLVED, That all of the following
2 30 guiding principles be incorporated into a national
3 1 health care policy:
3 2 1. Stabilize financing through payment reform.
3 3 a. Implement a patient-centered medical home.
3 4 This practice emphasizes reimbursement of services
3 5 based on patient needs, with effective financial
3 6 incentives for coordinated care among
3 7 multispecialties.
3 8 b. Prioritize payments for primary and preventive
3 9 care. This prioritization will steer patients to
3 10 cost-effective treatments that promote wellness and
3 11 health. Equally important is to end Medicare's
3 12 regional reimbursement discrimination, whereby states

3 13 receive considerably more or less for the same
3 14 procedure based upon geographic location.
3 15 c. Support value-based purchasing efforts.
3 16 Value-based purchasing uses transparent quality and
3 17 cost data and patient incentives to steer care toward
3 18 high-quality, cost-effective providers.
3 19 d. Restructure national financing for long-term
3 20 care. As baby boomers age, long-term care needs will
3 21 skyrocket. A comprehensive financing strategy that
3 22 takes into account states' financial capabilities is
3 23 critical.
3 24 2. Improve cost containment policies.
3 25 a. Advance cost containment strategies. To ensure
3 26 a financially stable system, national standards for
3 27 cost containment should be advanced in areas such as
3 28 chronic care management and medical homes, pay for
3 29 performance, electronic health records, administrative
3 30 efficiency, public health measures, drug and medical
4 1 device negotiations, and sunshine laws to increase
4 2 transparency of financial arrangements among industry
4 3 stakeholders.
4 4 b. Establish national electronic medical record
4 5 standards. National standards should be established
4 6 for the states controlling the use and distribution of
4 7 electronic medical records.
4 8 c. Provide financial and technical assistance for
4 9 the creation and utilization of electronic medical
4 10 records. Modernizing medical records using current
4 11 technology will improve care and lower costs.
4 12 d. Facilitate the confidential sharing of patient
4 13 data within and across state borders. A national
4 14 interoperational standard will allow providers to
4 15 access patient records anywhere.
4 16 3. Increase access to affordable health insurance
4 17 coverage.
4 18 a. Expand coverage to everyone. Using private
4 19 market and publicly financed plans, affordable
4 20 coverage must be guaranteed to every resident. Total
4 21 health care costs for individuals, families, and
4 22 employers must be limited to an affordable percentage
4 23 of household income or payroll.
4 24 b. Allow for greater flexibility in state
4 25 regulation of federal Employee Retirement Income
4 26 Security Act (ERISA)-regulated insurance plans. ERISA
4 27 precludes effective state oversight of self-insured
4 28 employer-offered insurance coverage. This unintended
4 29 consequence of ERISA distorts policy and interferes
4 30 with a state's ability to provide for consistency in
5 1 coverage.
5 2 c. Eliminate preexisting conditions exemptions and
5 3 require guaranteed issue of insurance. Permitting
5 4 insurers to reject applicants based on health status
5 5 leaves those who most need coverage without any
5 6 affordable options, defeating the purpose of health
5 7 insurance.
5 8 d. Strengthen the health care safety net.
5 9 Increase the investments in public programs
5 10 administered by states and the federal government,
5 11 such as Medicaid, community health centers, and SCHIP.
5 12 e. Support state innovation by creating robust
5 13 national standards that serve to raise the floor for
5 14 state action, rather than limit state efforts to
5 15 achieve the goal of quality and affordable health care
5 16 for all.
5 17 f. Invest in increasing the number of primary care
5 18 providers, midlevel practitioners, direct care
5 19 workers, and laboratory and community health workers.
5 20 g. Carefully monitor specialty supply. Certain
5 21 specialists are in short supply, and policymakers need
5 22 to be attentive to these shortages.
5 23 4. Increase quality.
5 24 a. Develop evidence-based standards using robust
5 25 clinical and cost comparative-effectiveness findings.
5 26 Care options need to take into account both
5 27 effectiveness and price. Comparative effectiveness
5 28 research that evaluates treatments in terms of
5 29 efficacy and price will allow for the greatest value
5 30 in health improvement.
6 1 b. Require the use of informed, shared decision
6 2 making between the provider and patient. Patients
6 3 need to bring their preferences and values to the

6 4 medical decision-making process, just as providers
6 5 bring their experience and knowledge of medicine.
6 6 Informed joint decision making has been shown to
6 7 improve outcomes and increase patient and family
6 8 satisfaction.

6 9 c. Eliminate disparities and inequality. Numerous
6 10 social factors lead to widespread racial and ethnic
6 11 disparities in health care. The health care system
6 12 needs to systematically address these disparities if
6 13 the promise of health care for all is to be honored.

6 14 d. Invest in proven prevention programs and health
6 15 promotion activities. Public health activities such
6 16 as promoting healthy behaviors and teaching disease
6 17 management can improve overall health and lower costs.

6 18 e. Reduce unwarranted variation in care. Wide
6 19 variations in care, not matched by improved health
6 20 outcomes, show that much superfluous care is being
6 21 provided. Rooting out unnecessary care will both
6 22 improve health and save money.

6 23 f. Demand more effective public quality reporting
6 24 by all providers. Reporting allows consumers to
6 25 choose high-quality providers and encourages providers
6 26 to improve care; and

6 27 BE IT FURTHER RESOLVED, That a copy of this
6 28 resolution be transmitted to:

6 29 President Barack Obama; Vice President Joe Biden;
6 30 Speaker of the United States House of Representatives,
7 1 Nancy Pelosi; Secretary Tom Daschle, Department of
7 2 Health and Human Services; Senator Edward Kennedy,
7 3 Chair, Senate Health, Education, Labor and Pensions
7 4 Committee; Representative Henry Waxman, Chair,
7 5 Oversight and Government Reform; Senator Max Baucus,
7 6 Chair, Senate Finance Committee; Senator Harry Reid,
7 7 Senate Majority Leader; Representative Steny Hoyer,
7 8 House Majority Leader; Senator Mitch McConnell, Senate
7 9 Minority Leader; Representative John Boehner, House
7 10 Minority Leader; the members of Iowa's congressional
7 11 delegation; Iowa Governor Chet Culver; and Dr. Jeanne
7 12 Lambrew, Deputy Director, White House Task Force on
7 13 Health Care Reform.

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